

Self-Assessment Checklist: Hospital Strategies to Improve Sepsis Outcomes¹

Tier 1: High Priority

Tier 2: Moderate Priority

Tier	Recommended Strategy
Diagnostic Testing and Pathogen Detection	
1	Multiplex NAAT run on positive blood cultures, paired with active antimicrobial stewardship support
2	CDS tools/protocols guide appropriate initial and follow-up blood culture ordering
Antimicrobial Management & Delivery	
1	Hospital workflows/performance monitoring in place for septic shock recognition → first antibiotic administration in <1 hr
1	Track antibiotic order-to-infusion start time in septic shock patients, with a goal of <30 minutes
1	Antipseudomonal beta-lactam orders default to prolonged/extended infusion (after loading dose) in critically ill patients with sepsis
1	CDS tools and education prioritize administration of a beta-lactam before vancomycin when both are ordered in patients with suspected sepsis
2	Standardized workflows/CDS ensure timely administration of second (and subsequent) antibiotic doses in patients with suspected sepsis
2	Develop protocols/CDS to guide antibiotic selection in patients reporting penicillin/other beta-lactam allergies
2	EHR-based CDS provides infection site-specific MDRO risk estimates to guide empiric therapy in suspected sepsis
Surveillance and Performance Metrics	
2	Adopt CDC Adult Sepsis definition to monitor sepsis incidence, outcomes and care processes, stratified by community- vs hospital onset sepsis
2	Monitor both inadequate and unnecessarily broad therapy in suspected sepsis patients, using automated methods where feasible
2	Measure de-escalation of anti-MRSA and antipseudomonal therapy among patients with suspected sepsis
2	Track time from sepsis onset to source control and transfer timeliness when on-site source control procedures are not available
Adjunctive Therapy	
2	CDS tools/protocols promote timely corticosteroid use for severe CAP, patients when appropriate
2	CDS tools/protocols promote corticosteroid use for patients with refractory septic shock
Program Infrastructure and Organizational Support	
2	Multidisciplinary sepsis governance structure includes ID, ASP, clinical microbiology & formally engages with IP teams
2	ASP participates in ICU rounds to support optimization of antibiotics in critically ill patients
2	Support PK/PD-guided antibiotic dosing in critically ill patients, via access to ID/critical care pharmacists, clinician/nursing education, lab capacity for TDM
Infection Prevention	
	Ensure high adherence to SHEA/IDSA compendium for HAI prevention
2	Universal chlorhexidine gluconate bathing + (universal or targeted) MRSA nasal decolonization for: (1) all ICU patients (2) non-ICU patients with invasive devices
2	Structured daily toothbrushing program in place for all hospitalized patients
Emerging/Promising Strategies (not routinely implemented)	
Pilot	Automated Sepsis Prediction Tools
Pilot	Host immune response-based sepsis diagnostics
Pilot	Culture-independent rapid diagnostics for bloodstream infection
Pilot	Multiplex NAAT panels for lower respiratory specimens
Pilot	Procalcitonin-guided antibiotic duration

¹Adapted from: Rhee C, Masur H, Klompas M, et al. IDSA/ACEP/ASM/PIDS/SCCM/SHEA/SHM/SIDP Multisociety Position Paper: Hospital Strategies to Improve Sepsis Outcomes. Clin Infect Dis 2026: <https://doi.org/10.1093/cid/ciag438>